

# Sub

Maine Revenue Services  
Political Subdivision  
Fuel Tax Refund Application



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\*0640001\*

Due Date

EIN \_\_\_\_\_

Period Begin \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Period End \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Application must be filed  
within 12 months of  
purchase date.**

1. Entity Information (taxpayer business name and address)

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

**Use this area only to report changes in your business**

2. **OUT OF BUSINESS?** Check here ☐, return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_

3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.

- ☐ Incorporated ☐ Partner added or dropped  
☐ Other (explain on reverse)  
☐ Sold to \_\_\_\_\_

4. **NAME CHANGE?** Attach explanation to this return.

**Claim Information**

**Requests for a refund must be made within 12 months of the date of purchase of the fuel.**

(from reverse side)

**Gasoline**

**Diesel**

**Biodiesel\***

Refund Claim for period of  
July 1, 2005 to June 30, 2006 1. \_\_\_\_\_

Refund Claim for period of  
July 1, 2006 to June 30, 2007 2. \_\_\_\_\_

Sub Totals 3. \_\_\_\_\_

Total Tax Refund (Total together the amounts on line 3 for each product) 4. \_\_\_\_\_

**Certification/Waiver**

I, the undersigned, state that the information on this application is true, correct and complete to the best of my knowledge.



Mail To:  
Maine Revenue Service  
P.O. Box 1064  
Augusta, ME 04332-1064

Signature/Title

Print Name

Date

Phone #

Purchases beginning July 1, 2006

Month	Year	Gasoline	Diesel	Biodiesel
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
_____	20_____			
<b>Total Gallons</b>				
<b>Refundable Rate</b>		<u>x.268</u>	<u>x.279</u>	<u>x.200</u>
<b>Refund Claim</b>				
		(To line 2 on front)	(To line 2 on front)	(to line 2 on front)

For assistance in completing this form, call (207) 624-9609